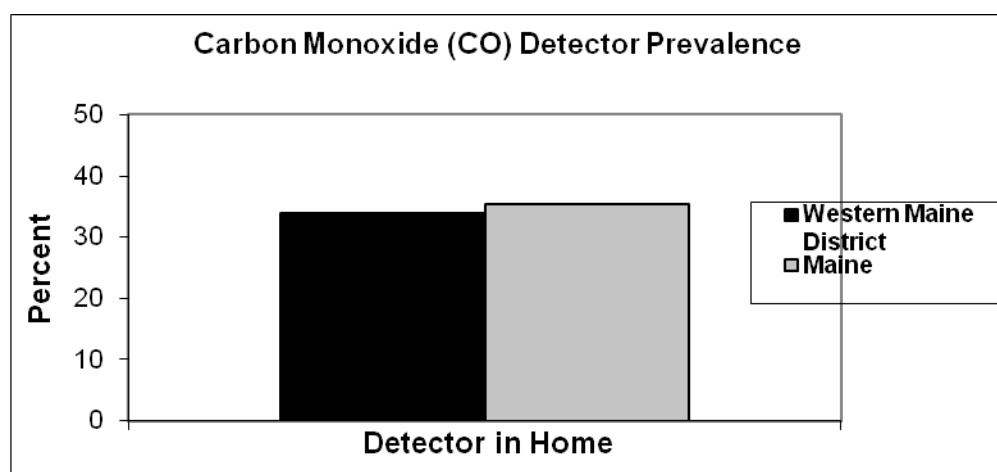


WESTERN DISTRICT:**Environmental Health****Carbon Monoxide Detector in Home**

In Maine there are about 150 Emergency Room visits for carbon monoxide poisoning each year.

Having a carbon monoxide (CO) detector in the home can prevent injury and death from exposure to carbon monoxide.

Improved monitoring of exposures to carbon monoxide is a national objective in *Healthy People 2010*. Data is tracked by Maine CDC's Environmental Health program. To find out more about carbon monoxide exposures in Maine: www.maine.gov/dhhs/eohp/air/co.htm



*Source: 2004 BRFSS. Respondents answering 'yes' to "A carbon monoxide or CO detector checks the level of carbon monoxide in your home. It is not a smoke detector. Do you have a carbon monoxide detector in your home?"

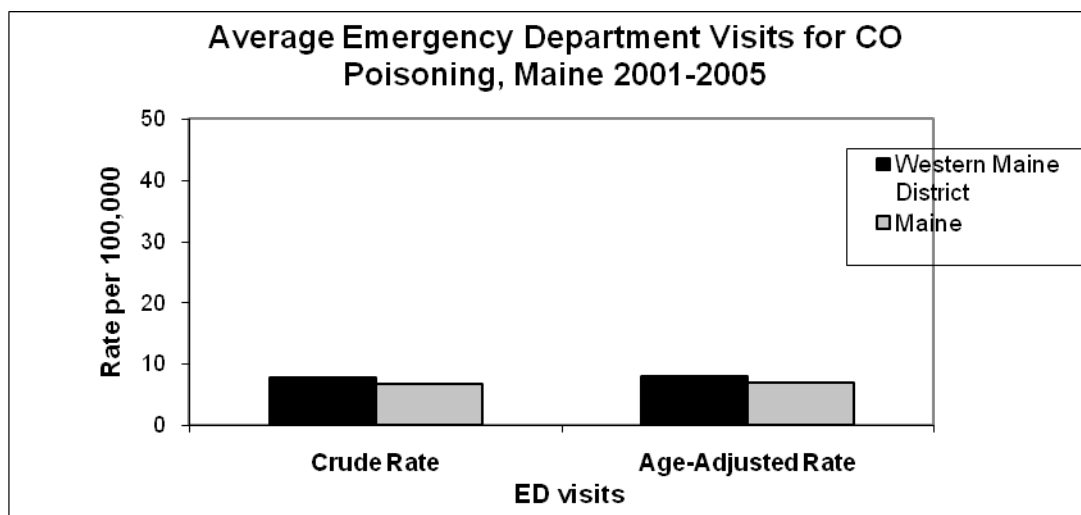
	Western District Percent (± Margin of Error)	Maine State Percent (± Margin of Error)
Homes with carbon monoxide detector*	33.9 (± 4.6)	35.5 (±1.7)

*Source: 2004 BRFSS. Respondents answering 'yes' to "A carbon monoxide or CO detector checks the level of carbon monoxide in your home. It is not a smoke detector. Do you have a carbon monoxide detector in your home?"

Emergency Department Visits for Carbon Monoxide (CO) Poisoning

In Maine there are about 150 Emergency Room visits for carbon monoxide poisoning each year. Carbon monoxide poisoning is almost entirely preventable.

Improved monitoring of exposures to carbon monoxide is a national objective in *Healthy People 2010*. To find out more information about carbon monoxide go to: www.mainepublichealth.gov.



*Source: 2001-2005 Maine Health Data Organization, inpatient discharge data.

Note: Data presented are for unintentional, non-fire related CO poisonings.

	Western District Age-Adjusted Rate (± Margin of Error)	Maine State Age-Adjusted Rate (± Margin of Error)
ED visit rate for CO poisoning*	8.0 (± 1.9)	6.9 (±0.7)

Source: 2001-2005 Maine Health Data Organization, inpatient discharge data.

Note: Data presented are for unintentional, non-fire related CO poisonings.

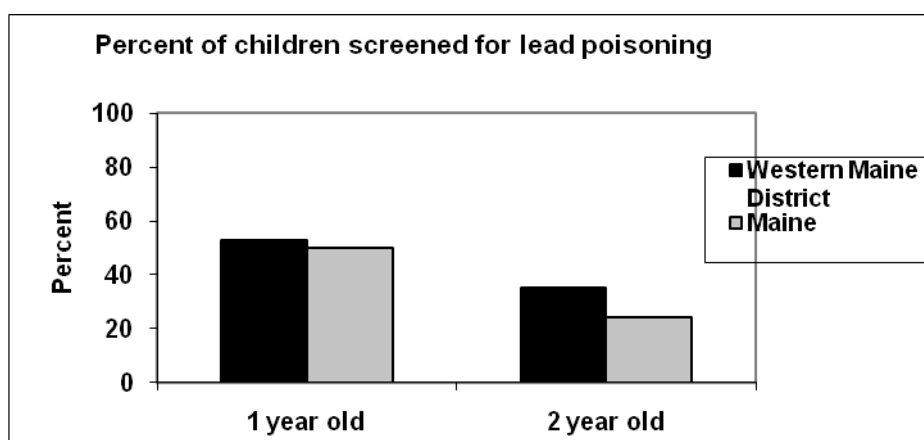
Children Screened for Lead Poisoning

Children at risk of lead poisoning are mandated by Maine legislation to be screened at 1 and 2 years of age.

Children enrolled in MaineCare as well as all children potentially exposed to lead in their home or elsewhere are considered at risk for lead poisoning and must be screened.

The goal of screening is to identify children with lead poisoning who need interventions to reduce the level of blood in their system.

To find out more about Childhood Lead Poisoning go to: www.maine.gov/dhhs/boh/eohp.



Source: Health and Environmental Testing Laboratory (HETL) data.

Note: Screening defined as blood lead tests of children who have not previously been identified as having lead poisoning.

	Western Maine District Percentage (± Margin of Error)	Maine State Percentage (± Margin of Error)
Percent of 1 year old children screened	52.6 (± 2.2)	49.8 (± 0.8)
Percent of 2 year old children screened	35.3 (± 2.1)	24.2 (± 0.7)

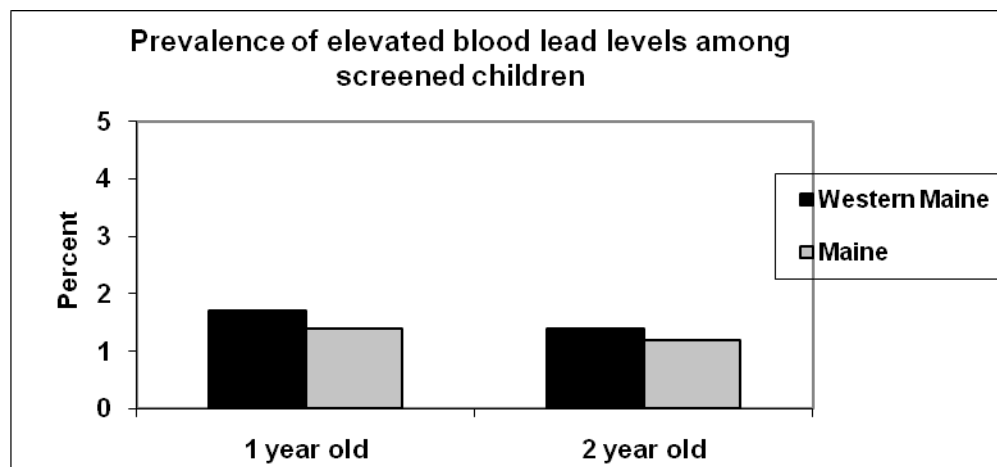
Source: Health and Environmental Testing Laboratory (HETL) data.

Note: Screening defined as blood lead tests of children who have not previously been identified as having lead poisoning.

Children with Elevated Blood Lead Levels

Blood lead levels (BLLs) as low as 10 µg/dl are associated with harmful effects on children's learning and behavior. It is estimated that statewide, there are 1,200 children age 1 to 5 years that have BLLs \geq 10 µg/dl.

Children at 1 and 2 years of age are at greatest risk for elevated BLLs because of their increasing mobility and normal hand-to-mouth activity. To see more about Childhood Lead Poisoning go to: www.maine.gov/dhhs/boh/eohp.



*Source: 2005-2006 data combined, Maine Childhood Lead Poisoning Prevention Program.

Note: Percent based on the number of children screened with confirmed elevated blood lead levels.

Elevated blood lead level defined as having a blood lead level of \geq 10 µg/dl.

	Western District Percent (\pm Margin of Error)	Maine State Percent (\pm Margin of Error)
Prevalence of elevated bls among screened 1 year old children*	1.7 (\pm 0.6)	1.4 (\pm 0.2)
Prevalence of elevated bls among screened 2 year old children*	1.7 (\pm 0.7)	1.2 (\pm 0.3)

* Source: 2005-2006 data combined, Maine Childhood Lead Poisoning Prevention Program.

Note: Percent based on the number of children screened with confirmed elevated blood lead levels.

Elevated blood lead level defined as having a blood lead level of \geq 10 µg/dl

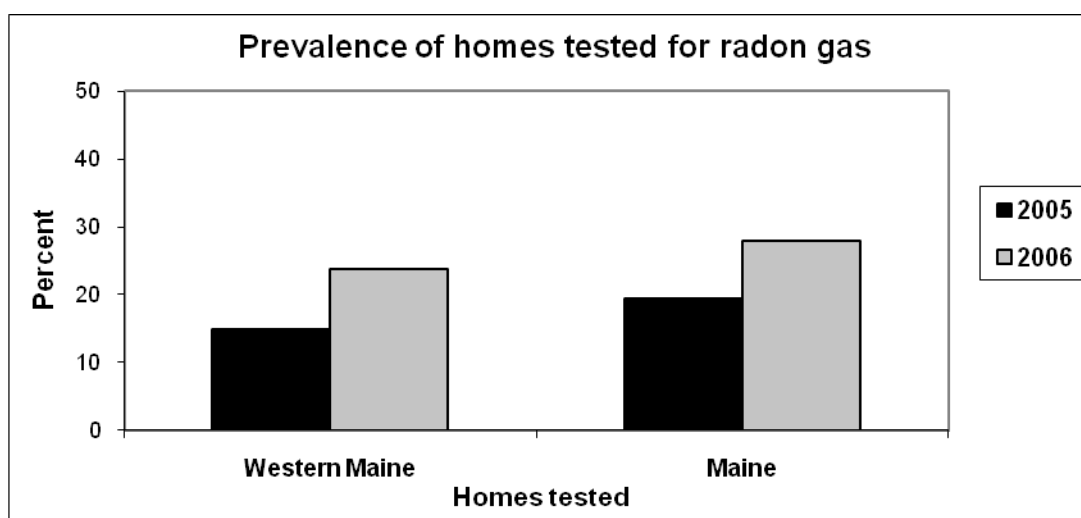
Homes Tested for Presence of Radon Gas

Radon is an odorless and colorless gas and exists in varying concentrations in geographic areas of Maine. Radon is the leading cause of lung cancer among nonsmokers.

Fifty-eight (58%) percent of homes in Western Maine District had levels of radon ($>2\text{pCi/L}$) in their home where actions should be considered to reduce radon. Radon levels in thirty-six (36%) percent of homes in the same district were high enough (4pCi/L or higher) where action should be taken to reduce radon levels.

Increasing the number of Maine homes tested for radon is an objective of *Healthy Maine 2010*. To find out more information about radon in the home go to:

www.maine.gov/dhhs/eng/rad/Radon/hp_radon.htm



*Source: 2005-2006 BRFSS. Respondents answering 'yes' to "Has your household air been tested for the presence of radon gas?"

	Western District (± Margin of Error)	Maine State (± Margin of Error)
Prevalence of homes tested for radon gas*		
2005	14.8 (±3.2)	19.5 (±1.4)
2006	23.8 (±4.0)	28.0 (±1.6)

*Source: 2005-2006 BRFSS. Respondents answering 'yes' to "Has your household air been tested for the presence of radon gas?"

Health Inspection Program

Public eateries and lodging places are required to address food safety and security, and environmental sanitation to prevent food borne illness and the spread of infectious disease. Body artists working in tattoo parlors must provide proper facilities, equipment, and procedures to assure compliance with health regulations to prevent the transmission of certain infectious diseases. Such services have a wide impact in protecting the health of individuals and the health of the community's businesses and environment.

Establishments are required to apply for licenses and approvals and submit to periodic inspections. Applicants need to be educated to identify risks and take the right action to prevent or correct problems. The public needs education and information about licensing and inspection information.

The Health Inspection Program in the Maine CDC assists licensees with technical and administrative assistance, and provides licensing and inspection data to the public and stakeholders upon request. FMI contact: www.mainepublichealth.gov

Western District				
Total Number of Eating and Lodging Place Licenses Issued per Year	Total Number of Body Artist Licenses Issued per Year	Total Number of Eating and Lodging Place Inspections per Year	Total Number of Body Artist Inspections per Year	Total Number of Failed Inspections per Year
1,466	53	481	32	137

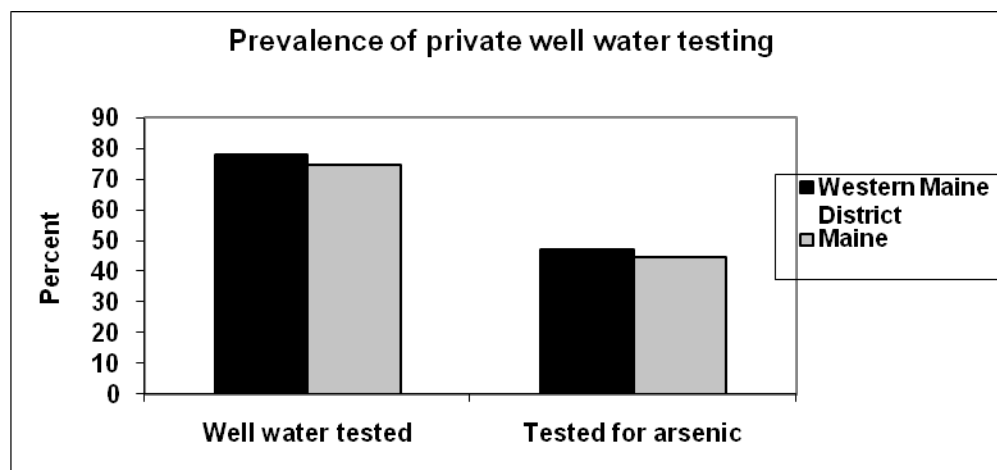
Source: Maine CDC Health Inspection Program 2005.

Private Well Water Testing

More than half of Maine's population relies on a private well for their drinking water. Many Maine wells have unsafe levels of arsenic, radon, uranium - chemicals that can cause cancer or other health effects.

Testing is the only way to know if the well water is safe to drink.

To find out more about drinking water and where to get water test kits in Maine go to:
www.wellwater.maine.gov/



*Source: 2003 Behavioral Risk Factor Surveillance System (BRFSS).

	Western District Percent (± Margin of Error)	Maine State Percent (± Margin of Error)
Homes with private well water tested*	77.8 (± 6.2)	74.6 (±2.7)
Homes with private well water tested for arsenic*	47.1 (±9.4)	44.6 (±3.9)

*Source: 2003 Behavioral Risk Factor Surveillance System (BRFSS).

Public Drinking Water Systems

Safe drinking water is essential to protecting good human health. Maine people enjoy access to excellent quality drinking water from many lakes, rivers and underground aquifers. More than 2,000 public water systems provide drinking water to over half of Maine's population and many guests.

Public water systems must comply with the federal [Safe Drinking Water Act](#) and state laws, including protecting drinking water sources and maintaining or improving local water system facilities. Communities can work together to protect shared drinking water sources.

The Maine CDC Drinking Water Program helps communities with technical assistance, grants and funding. FMI contact: www.mainepublichealth.gov

Total Number of DISTRICT Community Water Systems		Total DISTRICT Population Served by Community Drinking Water Systems	
57		85,571	
Total Number of DISTRICT Water Quality Violations Documented in 2006	Total Number of DISTRICT Systems in Which Violations Occurred	Total DISTRICT Population Served by Community Water Systems with a Violation(s)	
9	10	29,937	
Percent of DISTRICT Community Water Systems Meeting all Health Based Standards		Percent of MAINE Community Water Systems Meeting all Health Based Standards	
84.21%		79.84%	
Percent of DISTRICT Population Served by Community Water Systems Meeting all Health Based Standards		Percent of MAINE Population Served by Community Water Systems Meeting all Health Based Standards	
65.02%		86.74%	

Total Number of DISTRICT Community Water Systems with a Wellhead Protection Plan		Total Population Served by DISTRICT Community Water Systems with Wellhead Protection	
46		80,073	
Percent of DISTRICT Community Water Systems with Source Water Protection in Place	Percent of MAINE Community Water Systems with Source Water Protection in Place	Percent of MAINE Population served by Community Water Systems with Source Water Protection in Place	
80.70%	83.72%	78.49%	

Subsurface Wastewater Disposal Systems (Septic Systems)

Proper handling and disposal of domestic sanitary wastewater is critical to prevent the spread of bacterial and viral diseases to individuals and entire communities.

Septic systems must be installed correctly and work properly over time. But maintenance is costly, and system repair or replacement may be postponed for too long. All Maine municipalities are required by statute to have a local plumbing inspector and code enforcement officer. Not all towns have full time code enforcement officers; and code enforcement may vary from town to town.

Persons or organizations who need to install a new (or replace an existing) subsurface wastewater disposal system must hire a licensed site evaluator and get a permit from the municipal local plumbing inspector who will perform construction inspections.

Maine CDC's Subsurface Wastewater Program assists communities with technical and administrative assistance. It licenses people who design subsurface wastewater disposal systems. It conducts a voluntary certification program for system installers and people who conduct real estate transfer inspections. FMI contact: www.mainepublichealth.gov

Total Number of Subsurface Wastewater System Permits issued per year in Western District	Total Number of Internal Plumbing Permits Issued per Year in Western District	Total Number of Licensed Site Evaluators Currently Residing in Western District	Total Number of Real Estate Transfer System Inspections Performed per Year in Western District	Total Number of Voluntarily Certified Inspectors Working in Western District
2,120	1,930	24	355	42